

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

0974-74-95

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
20		1					70						
21		1					71						
22		1					72						
23	1						73						
24	1						74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33	1						83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46	1						96						
47	1						97						
48		1					98						
49		1					99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	49						TOTAL CLAIMS						